EAH HOUSING
A roof is just the beginning

PHASE II
Villages of Moa`e Ku

91-1655 PAHIKA STREET
EWA BEACH, HAWAII 96706
Phone (808) 681-3000 Fax (808) 681-3004
TDD (877) 447-5991
Web: www.eahhousing.org

For Office Use Only

Date/Time Received: _____

Received By: _____

RENTAL APPLICATION FOR HOUSING
For Low-Income Housing Tax Credit Properties

Applications are placed in order of date and time received. Incomplete applications may not be considered.
An applicant must be interviewed only after the receipt of this tenant application.

Please complete this application and return to:

VILLAGES OF MOA`E KŪ
91-1655 PAHIKA STREET
EWA BEACH, HI 96706
FAX: (808)-681-3004
Email: vmk-management@eahhousing.org

Please Print Clearly

PREFERRED BEDROOM SIZE ☐ **1 BDRM** ☐ **2 BDRM** ☐ **3 BDRM**
(MARK ALL SIZES YOU ARE INTERESTED IN)

A. GENERAL INFORMATION

Applicant Name(s): _____

Current Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Do you ☐ RENT or ☐ OWN (check one) Amount of current monthly rental or mortgage payment: $_____

If owned, do you receive monthly rental income from property? ☐Yes ☐No (check one)

B. HOUSEHOLD COMPOSITION - List ALL persons who will live in the apartment.

	Name List the head of household first (Last, First, MI) & Email address	**Relationship to head**	**Birth Date**	**Age** (optional)	**SS#**	**Student Y/N**
Head	Email:	N/A				☐ Yes ☐ No
Co-Tenant	Email:					☐ Yes ☐ No
3.						☐ Yes ☐ No
4.						☐ Yes ☐ No
5.						☐ Yes ☐ No
6.						☐ Yes ☐ No
7.						☐ Yes ☐ No
8.						☐ Yes ☐ No

Have there been any changes in household composition in the last 12 months?	☐Yes	☐No
If yes, explain:		
Do you anticipate any changes in household composition in the next twelve months?	☐Yes	☐No
If yes, explain:		
Is there someone not listed above who would normally be living with the household?	☐Yes	☐No
If yes, explain:		
Will **ALL** of the persons in the household be or have been *full-time students during five calendar months of this year or plan to be in the next calendar year* at an educational institution (other than a correspondence school) with regular faculty and students?	☐Yes	☐No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	☐Yes	☐No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐Yes	☐No
Are any full-time student(s) a TANF or a title IV recipient?	☐Yes	☐No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	☐Yes	☐No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title V of the Social Security Act)?	☐Yes	☐No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name (List the name of the recipient)	Source of Income	Current Gross Monthly Amount
	Social Security	$
	Social Security	$
	SSI Benefits	$
	SSI Benefits	$
	Pension (list source)	$
	Address:	
	City, State, Zip:	
	Pension (list source)	$
	Address:	
	City, State, Zip:	
	Pension (list source)	$
	Address:	
	City, State, Zip:	
	Veteran's Benefits (list claim #)	$
	Unemployment Compensation	$
	Unemployment Compensation	$
	Title IV/TANF (Welfare)	$
	Contributions to the Household (monetary or not)	$

Household Member Name (List the name of the recipient)	Source of Income	Gross Monthly Amount
	Full-Time Student Income (18 & Over Only)	$
	Full-Time Student Income (18 & Over Only)	$
	Financial Aid (grants & scholarships exceeding of the amount of tuition may have to be included in total income)	$
	Interest Income (source)	$
	Interest Income (source)	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$
	Scheduled payments from Investments	$

	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you ***entitled*** to receive alimony?	☐ Yes ☐No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	☐ Yes ☐No
	If yes list amount you receive.	$
	Child Support	
	Are you ***entitled*** to receive child support?	☐ Yes ☐No
	If yes list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	☐ Yes ☐No
	If yes, list the amount you receive.	$
	Other Income	$
	Other Income	$
	Other Income	$
TOTAL GROSS MONTHLY INCOME (Add the monthly amounts listed above)		$
TOTAL GROSS ANNUAL INCOME (Gross monthly amounts listed above x 12)		$
Do you anticipate any changes in this income in the next 12 months?		☐Yes ☐No
If yes, explain:		
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		$

Is any member of the household legally entitled to receive income assistance?	☐Yes ☐ No
Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the Household (as listed on page 2, etc.)?	☐Yes ☐ No
If yes to any of the above, explain:	
Is the income received?	☐Yes ☐ No

D. ASSETS
If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts (Bank/Credit Union/etc.) If none, check here ☐	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Savings Accounts (Bank/Credit Union/etc.) If none, check here ☐	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Trust Account If none, check here ☐	#	Bank	Balance $
Certificates of Deposit If none, check here ☐	#	Bank	Balance $
	#	Bank	Balance $
Retirement Accounts 401K, 403b, IRA, Annuity If none, check here ☐	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Savings Bonds If none, check here ☐	#	Maturity Date	Value $
	#	Maturity Date	Value $
Life Insurance Policy If none, check here ☐	#		Cash Value $
Life Insurance Policy If none, check here ☐	#		Cash Value $

Mutual Funds If none, check here ☐	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Stocks If none, check here ☐	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
Bonds If none, check here☐	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $

Investment Property		Appraised Value $

Real Estate Property: ***Do you own any real property?***	☐ Yes ☐ No
If yes, Type of property	
Location of property	
Appraised Market Value	$
Mortgage or outstanding loans balance due	$
Amount of annual insurance premium	$
Amount of most recent tax bill	$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household?	☐ Yes ☐ No
If yes, describe:	
Do they have access to the asset(s)?	

Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, List type of property	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction (month, day, and year)	
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐No
If yes, describe the asset	
Date of disposition	
Amount disposed	$
Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No

If yes, please list:	

E. ADDITIONAL INFORMATION	
Are you or any member of your family currently using an illegal substance?	☐ Yes ☐ No
Have you or any member of your family ever been convicted of a felony?	☐ Yes ☐ No
If yes, describe	
Have you or any member of your family ever been evicted from any housing?	☐ Yes ☐ No
If yes, describe	
Have you ever filed for bankruptcy?	☐ Yes ☐ No
If yes, describe	
Will you take an apartment when one is available?	☐ Yes ☐ No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

List rental history for last 5 years. Please print CLEARLY. Attach a separate sheet if more room needed.

Current Landlord	Name:	
	Address:	
	Phone No.:	
	Fax No.:	
	Rent amount:	
	Unit Address	
	How Long?	From: To:
Prior Landlord	Name	
	Address:	
	Phone No.:	
	Fax No.:	
	Rent Amount:	
	Unit Address:	
	How Long?	From: To:

Are you currently receiving Section 8 rental assistance or have a Housing Choice Voucher?	☐ Yes ☐ No
Are you currently receiving other type of rental assistance? Please specify below: _____	☐ Yes ☐ No

Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:

EMERGENCY CONTACT PERSON:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. HOUSING REQUIREMENTS

Do you have a statement from your physician which requires you to have a handicap-accessible unit?	☐ Yes ☐ No.
If there are no handicap units available, are you still interested in renting another apartment that is *not* handicap-accessible?	☐ Yes ☐ No

H. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned by you. Onsite parking is not guaranteed and may be assigned upon lease commencement.

Type of Vehicle (1):	License Plate #:
Year/Make:	Color:
Type of Vehicle(2):	License Plate #:
Year/Make:	Color:

Do you own any pets?	☐ Yes ☐ No
If yes, describe:	

ACKNOWLEDGMENT, AUTHORIZATION, AND AGREEMENT

I/we authorize EAH, Inc. (the Managing Agent) and/or the property owner to verify my past and present employment earnings records, bank accounts, stock holdings, and any other assets needed to process my rental application. I further authorize EAH, Inc. and/or the property owner to order a consumer credit report and verify other credit information. I/we hereby give my/our permission for you to verify the information provided above, including but not limited to criminal background screening.

CERTIFICATION: I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties, but not limited to, fine or imprisonment or both. I/we acknowledge that my/our income will be verified every year for re-certification purposes. Misleading, willful, false statements, misrepresentations or incomplete information in this application will be grounds for rejection of this application.

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. Applicants are not allowed to reapply with a change in household constituency until one year after the original application date. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER HOUSEHOLD. IF MORE THAN ONE APPLICATION IS RECEIVED, APPLICATIONS WILL BE PLACED AT THE END OF THE APPLICANT LIST.

EQUAL HOUSING OPPORTUNITY

Send or FAX Application to the following address:
Villages of Moa`e Kū
91-1655 Pahika Street
Ewa Beach, Hawaii 96706
FAX: (808) 681-3004

EAH
A NON-PROFIT HOUSING CORPORATION

VILLAGES OF MOA'E KŪ

91-1655 PAHIKA STREET, EWA BEACH, HAWAII
PHONE (808) 681-3000 FAX (808) 681-3004 TDD (877) 447-5991

ing community by developing, managing and promoting quality affordable housing since 1968.

This document is part of the application and must be submitted with the application.

CRIMINAL BACKGROUND & CONSUMER CREDIT REPORT AUTHORIZATION

I,/We _____ the undersigned, hereby authorize Villages of Moa'e Kū, Phase I to verify my references and background, to include a consumer credit report from the main credit reporting agencies (Experian, Equifax, or Trans Union) and criminal background check (Hawaii Criminal Justice Data Center) on all persons over the age of eighteen intending to reside at the property. This information will be used to determine eligibility, and assess credit worthiness. I also authorize Villages of Moa'e Kū, Phase I to verify other pertinent data including prior addresses, aliases, and landlord verifications.

Villages of Moa'e Kū, Phase I intends to contact the credit reporting agency indicated below. The Fair Credit Reporting Act grants all consumers the right to request a free copy of the credit report within 60 days. If such a request is made, the consumer credit reporting agency must provide requested information within 30 days. To obtain a copy of reports issued contact:

On-Site Manager Inc.
P.O. Box 1514
Los Altos, CA 94023-1514
Phone: (866) 266-7483 Fax: (877) 329-6674

The consumer reporting agency provides data, but does not make decisions to accept or deny applications. It is based upon many factors including the data received in credit reports, that management makes decision on occupancy. The consumer has the right to dispute the accuracy or completeness of information contained in the credit report. All inquiries or disputes should be communicated directly to the consumer credit reporting agency.

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date